

**ARBA Cavy COD Additional Applicant Information Sheet:**

<input type="checkbox"/> BREED COD	Breed:	Variety:
<input type="checkbox"/> VARIETY COD		

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:
ARBA Membership Number:	ARBA Membership Number:

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:
ARBA Membership Number:	ARBA Membership Number:

*If applying for a COD as a group, this form must accompany the New Breed or New Variety Application plus a written standard description.*